



## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number MUKR1610

| Effective December 6, 2004   |  |   |  |                               |  |                               |              |                     |                        |                            |                     |                        |  |
|--|--|---|--|-------------------------------|--|-------------------------------|--------------|---------------------|------------------------|----------------------------|---------------------|------------------------|--|
|  |  | CLAIMS A  | S FILED -  |                               | (Column 2)                               |                               |              | SMALL ENTITY TYPE   |                        |                            |                     | R THAN<br>L ENTITY     |  |
| U.S. NATIONAL STAGE FEES   |  |   | (Odianiii 1)   |                               | (0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 |                               |              | RATE                | FEE                    | 1                          | RATE                | FEE                    |  |
| BASIC FEE  |  |   | SMALL ENT.   | = \$ 150                      | LARGE ENT. = \$ 300                      |                               |              | BASIC FEE           |                        | OR                         | BASIC FEE           | 300                    |  |
| EXAMINATION FEE  |  |   | Satisfies PCT A  |                               |  | her situations = 100 / \$ 200 |              | EXAM, FEE           |                        |                            | EXAM. FEE           | 200                    |  |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                               |  | her situations = 250 /\$ 500  |              | SEARCH FEE          |                        |                            | SEARCH FEE          | 400                    |  |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                               |  | / 50 =                        |              | X \$ 125 =          |                        |                            | X \$ 250 =          |                        |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 36 mi  | nus 20 =                      | . 14                                     |                               |              | X \$ 25 =           |                        | OR                         | X \$ 50 =           | 800                    |  |
| INDEPENDENT CLAIMS   |  |   | 7 minus 3 =  |                               |  | 4                             |              | X \$ 100 =          |                        | ÓR                         | X \$ 200 =          | 800                    |  |
| MUI  | TIPLE DEPEN                                    | DENT CLAIM PRI                                  | ESENT  |                               |  |                               |              | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                               |  |                               |              | TOTAL               |                        | OR                         | TOTAL               | JSM                    |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |  |                               |  |                               | SMALL ENTITY |                     | ÓR                     | OTHER THAN<br>SMALL ENTITY |                     |                        |  |
| AMENDMENT A  | 1/19/15  | REMAINING                                       |  | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY                             | PRESENT<br>EXTRA              | Paga         | RATE                | ADDI-<br>TIONAL<br>FEE | في والم                    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | .36   | Minus  | "31                           | φ  | =                             |              | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |  |
|  | Independent                                    | • 77  | Minus  | ***                           | )  | °                             |              | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |  |                               |              | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |  |
|  |  |   |  |                               |  |                               |              | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |  |
|  |  | (Column 4)                                      |  | (Colur                        | ma 21                                    | (Column 3)                    |              |                     | ٠                      |                            |                     |                        |  |
| DMENT B  | •  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT | ·  | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>OUSLY                      | PRESENT<br>EXTRA              |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus  | **                            |  | =                             |              | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |  |
| AMENDME  | Independent                                    | •   | Minus  | ***                           |  | =                             |              | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |  |
| •  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |  |                               |              | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |  |
|  | •  |   | <del></del>  |                               |  |                               | - 2          | TOTAL ADDIT.        |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |  |
| •  |  | ımın 1 is less than the                         |  |                               |  |                               |              |                     | •                      | OR                         |                     |                        |  |

If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.